



Crisis Intervention Centers for Children and Youth: Service Model, Operational Challenges, and Policy Recommendations

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Background

In recent years, the number of children and youth experiencing mental distress has increased considerably, due in part to the COVID-19 pandemic and the Israel-Hamas war (2023-2025). Consequently, the burden on the mental health system has increased, as have shortages of staff and available services for these children and youth.

Against this background, 11 crisis intervention centers were established. These centers are intended to provide a rapid, intensive, and short-term response for children and youth in mental health crises and to prevent or delay psychiatric hospitalization.

Objective of the Study

The study was intended to support the development of a service model for the centers, that would serve as a common basis for all crisis intervention centers for children and youth, while allowing flexibility and adaptation to each center's characteristics, staffing, and the unique needs of the local population. This includes defining the target population, referral pathways, operating principles, the nature of treatment (including interventions, treatment duration, and related aspects), staffing and staff training, continuity of care, and mapping key issues in the current implementation of the service model at the centers.

Method



Semi-structured interviews

39 interviews were conducted with 37 interviewees, between December 2024 and April 2025



Center profile questionnaires

At each of the 11 centers, the center director completed a profile questionnaire. The questionnaires were completed between May and November 2025



Online parent survey

27 parents responded between July and December 2025

Main Findings

1. Service Model

Definition of a Crisis Suitable for Treatment at the Center

A difficulty, distress, breaking point, marked deterioration, or severe recent decline in functioning that requires an immediate response and can be treated in the short term.

Service Goals

- **At the Child Level**
 - Provide a rapid, focused response to the crisis
 - Prevent hospitalization
 - Stabilize the child and reduce symptoms
 - Provide a diagnosis and identify the difficulty
 - Restore functioning and improve the child's quality of life
 - Provide tools for coping with the child's mental distress
- **Family Level**
 - Provide tools for coping with the child's mental distress
 - Establish constructive communication between the child and the parents
 - Help find appropriate settings for continuing treatment
- **Mental Health System Level**
 - Prevent or reduce visits and repeat visits to emergency departments
 - Prevent hospitalizations
 - Reduce the burden on mental health clinics
 - Address the shortage of professionals
 - Establish focused, short-term treatment within the mental health system

Target Population

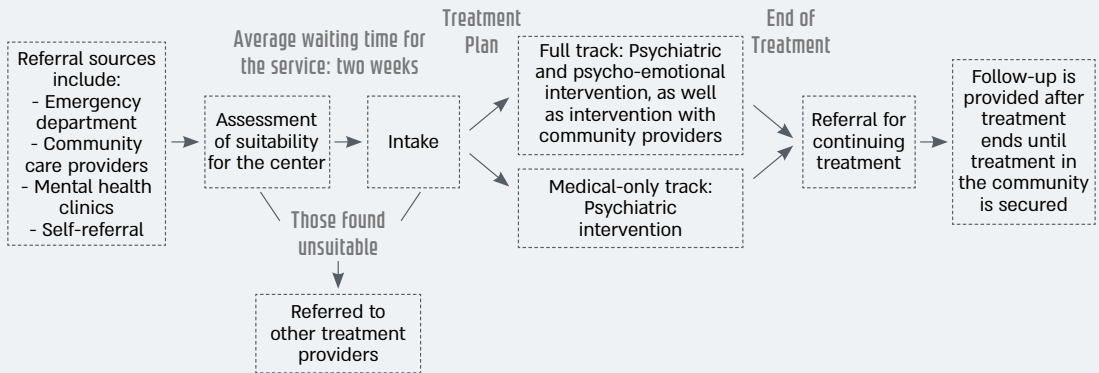
Inclusion Criteria

- ✓ Children and youth who require an immediate response in the context of a mental health crisis
- ✓ Children and youth who do not require immediate psychiatric hospitalization
- ✓ Children and youth who are willing and able to commit to intensive treatment

Exclusion Criteria

- ✗ Those who require treatment for a chronic, ongoing condition rather than for a crisis
- ✗ Those who experience active suicidality and are in immediate danger
- ✗ Those who require psychiatric hospitalization
- ✗ Those who require a specialized, long-term response, such as treatment for addictions, eating disorders, or sexual abuse trauma
- ✗ Those already receiving mental health treatment in the community

Service Delivery Process



Characteristics of Short-Term Treatment



Emergency treatment focused on a specific crisis



Treatment of up to six weeks



Active, goal-focused treatment



Case management and work with mental health, education, and social service providers in the community

Center Staff and Roles

» Interdisciplinary teamwork

» **Core team:** psychiatrists, psychologists, social workers, and administrative managers

» **Additional therapeutic staff:** art therapists, occupational therapists, animal-assisted therapists, educational counselors, and others

» **Training of professionals:** psychiatry residents and psychology interns

Definition of Successful Treatment

1 Preventing deterioration of the crisis and preventing hospitalization

2 Reduction in symptoms, problem severity, and perceived distress

3 Improvement in the child's and family's sense of mental well-being and quality of life

4 Improvement in functioning within the family, at school and in social settings

5 Providing a diagnosis for those who had not previously been assessed

6 Increasing parents' sense of efficacy, providing them with tools to support their child

7 Improving parent-child communication

8 Providing guidance and assistance in accessing appropriate educational, welfare, and therapeutic follow-up support

2. Key Operational Issues



Duration of treatment

The treatment period is up to six weeks. This affects the treatment provided in the centers in several respects: the therapeutic relationship; monitoring of medication treatment; treatment goals; incompatibility with formal protocols for brief, targeted treatment; high patient turnover and treatment burden; and difficulty finding care in the community.



Training and supervision

Most center directors and staff members were trained in long-term treatment and did not receive sufficient prior training in focused, short-term treatment. Many learned the nature of the work on the job and emphasized the need for structured training.



Treatment burden

Most interviewees reported a heavy workload, and some also reported burnout, for several reasons: high demand for the service, staff shortages, short-term focused treatment goals, numerous bureaucratic tasks, the need to be in touch with other community care providers, and the active and intensive nature of short-term treatment.

To cope with workload and burnout, the centers used the following measures: supervision, training, professional consultation, peer learning, diversification of treatment types, and a combination of short- and long-term treatment. However, the ability to cope with the workload varied among centers according to the number of available staff.



The centers' role in the mental health system

Crisis intervention centers make an important contribution to the child and youth mental health system. They help reduce the burden on emergency departments and mental health clinics through initial assessment, triage, and referral to treatment; they collaborate with welfare and education services and other community care providers; they improve access to treatment; and they sometimes serve as an entry point to mental health services. They also contribute to recruiting and training professionals in the public service.

At the same time, greater cultural sensitivity and linguistic accessibility among staff are needed. Another key issue that remains unresolved is the shortage of continuing care in the community after the intervention at the center. As a result, a gap sometimes arises between the rapid response provided by the center and the continuing care required.



The system is so starved for treatment that I have no no-shows. I mean, no empty slots [in the calendar]. There is always, always someone to bring in. (Center director)

The crisis intervention centers are an essential service that provides a rapid, multidisciplinary, and targeted response for children and youth in crisis. However, further development of the service requires strengthening staffing, training, and continuity of care with community services.

Recommendations

- » Consider establishing additional centers and expanding their geographic reach nationwide, thereby increasing the number of children and youth served.
- » Examine ways to reduce workload and burnout among center staff and directors, including by adding staff and creating a dedicated role for care coordination, administrative tasks, and maintaining contact with community care providers.
- » Maintain the six-week limit as a principle of short-term treatment, while allowing limited extensions for patients who need them, based on their needs and staff's professional assessment.
- » Institutionalize preparatory training in brief, crisis-focused treatment, based on existing knowledge and the experience accumulated in the centers.
- » Conduct follow-up studies to examine the characteristics of service recipients, treatment effectiveness, and the centers' contribution to reducing emergency department visits, hospitalizations, and rehospitalizations.